

Abstract 607

TITLE: Barriers To Medical Care for HIV Infected Adults

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ISSUE: Poor and minority adults experience significant barriers to obtaining and adhering to medical care. These barriers are exacerbated when complicated by the stigma of HIV. A survey was designed and administered at a community HIV clinic to assess these barriers with the overall goal of designing strategies to reduce them, and make medical care more easily accessible to this population.

SETTING: Project Outreach, a community clinic for HIV infected adults, sponsored by the University of Miami School of Medicine, in Florida City, Florida. HIV has significantly affected this community, and lacks HIV specialized medical care. The clinic is staffed by professionals that culturally match the patient population, and provides social supportive, educational, and counseling services, as well as medical care.

PROJECT: A survey was administered to 41 Project Outreach clinic patients via interview. Patients were asked to provide opinions about certain key issues that could result in barriers to medical care. These included source of income, diagnosis, HIV knowledge, HIV prevention and risk reduction, knowledge of HIV treatment, and barriers to medical care that were subjectively experienced by the subjects.

RESULTS: Project Outreach's surveyed patient population is 57% male, 61% African descent, and 23% Hispanic. 62% receive support from public welfare entitlement programs, 31% have no income or are supported by other, and 7% are employed. 59% of those surveyed have been diagnosed with AIDS. Barriers and Access - 93% of those interviewed knew that they had HIV greater than one year; only 54% saw a physician as soon as they were told that they were HIV positive. 25% felt that it was "hard to see the doctor". Of these 25%, the availability of transportation emerged at the primary reason that swing a doctor was "hard". 45% of the respondents believed that, if transportation to and from the clinic were available, access to medical care would be significantly easier. Other enhancements that would improve medical care access were financial incentives [11%], and the availability of other help at the clinic [9%].

LESSONS LEARNED: Access to HIV specialized medical care can be enhanced, and subjectively perceived barriers can be reduced, if community based, culturally competent medical care is provided. This is particularly important in a community that has been historically underserved by traditional medical services, and where compliance with medical care has been poor, either as a result of the barriers perceived by the community, or due to the inaccessibility of medical care itself.

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